

Merck & Co., Inc.  
P.O. Box 2000  
Rahway, NJ 07065

Patent Department

## Facsimile Cover Sheet

**TODAY'S DATE:** October 31, 2002

**PLEASE DELIVER THE FOLLOWING MATERIALS TO:**

Examiners Name: Gerald G. Leffars, Jr.  
Examiner/Group Telefax Number: (703) 305-7939 [AFTER FINAL]  
Group Art Unit: 1636

**THIS MESSAGE IS FROM:**

Name: J. Mark Hand, Esq.  
Phone No.: (732) 594-3905  
Mail Location: RY60-30  
Telefax No.: (732) 594-4720

**RE:** U.S. Appl. Serial No.: 09/393,803  
Filing Date: September 9, 1999  
Applicants File Ref: 19188PCA  
For: COORDINATE IN VIVO EXPRESSION

**NUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER):** 9-

Including:

1. Amendment under Final, 37 C.F.R. §1.116 (6 pages)
2. Petition to Extend Time, 37 C.F.R. §1.136(a) (1 page)
3. Transmittal Fee Sheet (1 page)

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J. Mark Hand  
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OCTOBER 31, 2002  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents  
Washington, D.C. 20231

In re application of: LIU ET AL.  
Serial No. 09/393,803  
Filed September 10, 1999  
Group Art Unit 1636  
Examiner Gerald G. Leffars, Jr.  
For: COORDINATE IN VIVO GENE EXPRESSION

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.


CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>29</u>	-	** <u>44</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* <u>9</u>	-	*** <u>14</u> =	<u>0</u> X	\$84	= <u>0.00</u>
Multiple Dependent Claims					\$280 ****	= <u>          </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  
\*\*\*\* Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

  
By: J. Mark Hand

Attorney            for Applicant(s)

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Date: October 31, 2002

IN DUPLICATE